



Washington Psilocybin Workgroup Meeting #1

June 30th, 2022

Washington State
Health Care Authority

Agenda

No	Agenda Items	Time	Lead
1.	Welcome, Introductions and Meeting Overview	25	Charissa Fotinos, MD, Medicaid Director, HCA
2.	Review 2022 Legislation (SB 5693) and Scope of Work	10	Mike Bonetto, Center for Evidence-based Policy
3.	Overview of Oregon Measure 109	20	Sam Chapman, Executive Director, Healing Advocacy Fund
4.	Overview of Oregon Psilocybin Advisory Board and Administrative Rules Process	25	Angie Allbee, Oregon Health Authority, Manager for Psilocybin Programs
5.	Review Stakeholder Group Survey Results and Facilitated Stakeholder Group Discussion	30	Mike Bonetto, Center for Evidence-based Policy
6.	Wrap up and next steps	45	Charissa Fotinos, MD, Medicaid Director, HCA

Welcome and Opening Business

- ▶ Introductions
- ▶ Meeting overview
- ▶ Public comments can be sent to PsilocybinWG@hca.wa.gov

Review 2022 Legislation and Scope of Work

Background

- ▶ In the 2022 session, the Washington Legislature passed SB 5693.
- ▶ Directs the Health Care Authority (HCA) to create a psilocybin workgroup and secure input from this workgroup regarding:
 - ▶ Oregon Health Authority's proposed rules for the regulation of psilocybin and assess the impact the adoption of substantially similar laws and rules or Senate Bill 5660 would have in Washington state, and identify specific areas where a different approach may be necessary or desirable;
 - ▶ systems and procedures established by the liquor and cannabis board to monitor manufacturing, testing, and tracking of cannabis to determine suitability and adaptations required for use with psilocybin if Washington adopts legislation substantially similar to the Oregon psilocybin services act or Senate Bill 5660;

Background (cont.)

- ▶ the social opportunity program proposed in Senate Bill No. 5660 for the purpose of recommending improvements or enhancements to promote equitable access to a potential legal psilocybin industry within an operable administrative framework;
- ▶ functional requirements of Senate Bill 5660 that would exceed the expertise and capacity of the department of health and identify opportunities for development or collaboration with other state agencies and entities to meet the requirements; and
- ▶ options to integrate licensed behavioral health professionals into the practice of psilocybin therapy under the framework of Senate Bill 5660 where appropriate.

Background (cont.)

WA SB 5660 (did not pass)

- Would establish safe, legal, and affordable psilocybin centers for Washington citizens over 21
- Would create a Washington psilocybin advisory board within the Department of Health to provide advice and recommendations to the department.
- Would impose an 18-month program development period
- Would direct the Department of Health to adopt rules in following areas: education and training requirements, testing, establishment of a tracking system

WA Budget Bill SB 5693 (passed)

- Review Oregon rules
- Review systems and procedures of Washington Liquor and Cannabis Board
- Review social opportunity program proposed in SB 5660 for purpose of recommending improvements or enhancements
- Assess functional requirements of SB 5660 that would exceed expertise and capacity of HCA (in collaboration with other state agencies and entities)
- Discuss options to integrate licensed behavioral health professionals under framework of SB 5660

Scope

Over the course of 5 meetings, the workgroup will:

- ▶ Review Oregon rules
- ▶ Review systems and procedures of Washington Liquor and Cannabis Board
- ▶ Review social opportunity program
- ▶ Identify necessary expertise and capacity to implement functional requirements in Senate Bill 5660
- ▶ Identify possible options to integrate licensed behavioral health professionals

Deliverables

- ▶ HCA must submit to the Legislature a preliminary report by December 1, 2022, and a final report by December 1, 2023.
 - ▶ A draft preliminary report for HCA will be completed by August 19, 2022, which documents workgroup feedback from the July meeting and describes the subjects to be discussed at the remaining four meetings of the workgroup.
 - ▶ A draft of the final report for HCA's review will be completed by April 2023.
 - ▶ A final report for HCA will be completed by June 2023, which documents the subjects discussed by the workgroup and their feedback and recommendations.

Timeline (approximate)

Task/Deliverable	Date
Workgroup Meeting #1	June 30, 2022
Workgroup Meeting #2	August 4, 2022
Draft of preliminary report	August 19, 2022
Workgroup Meeting #3	October 2022
Preliminary report due to legislature	December 1, 2022
Workgroup Meeting #4	March 2023
Draft of final legislative report	April 2023
Workgroup Meeting #5	May 2023
Final legislative report	June 2023
Final report due to legislature	December 1, 2023

Overview of Oregon Measure 109

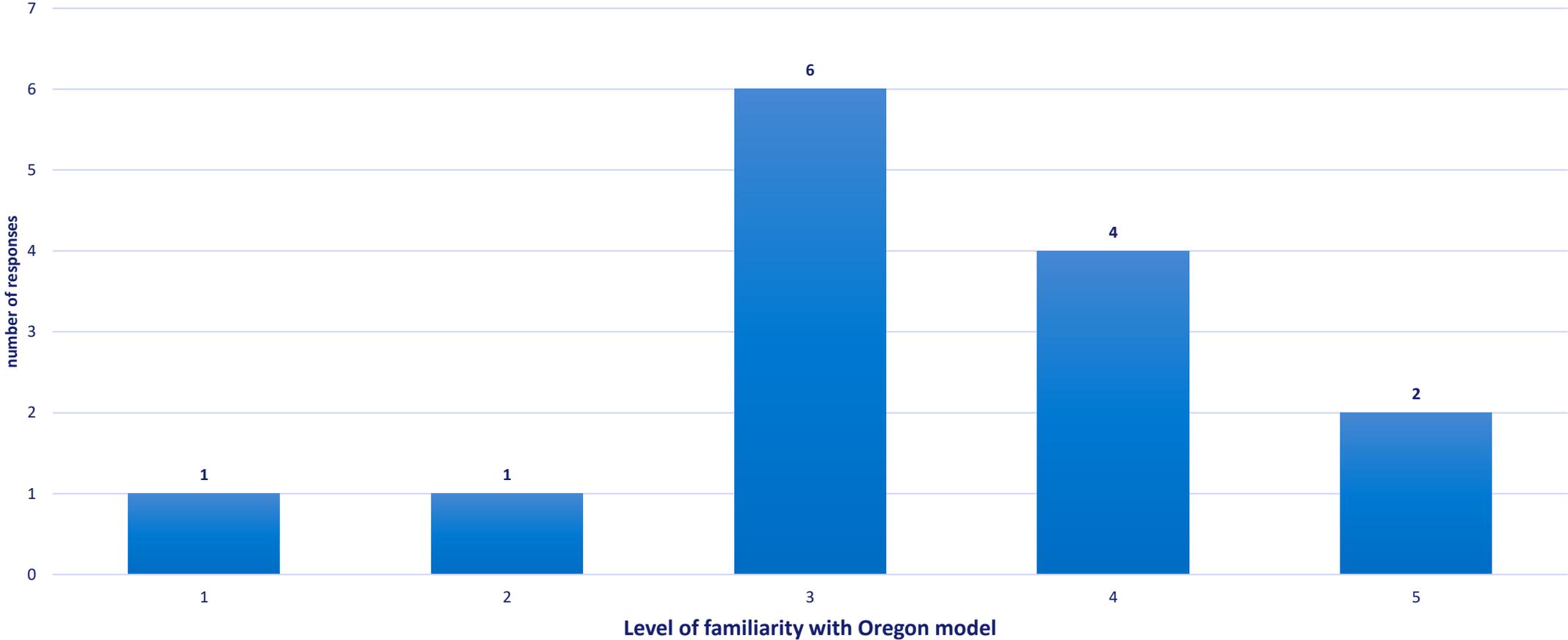
Overview of Oregon Psilocybin Advisory Board and Administrative Rules Process

Review Workgroup Survey Results & Facilitated Workgroup Discussion

Survey

14 respondents

On a scale of 1-5 (with 5 being very familiar), please rate your level of familiarity with Oregon's model.



From what you currently know about Oregon's psilocybin program, what elements should Washington **look to duplicate?**

- ▶ A 2-year period to organize and develop the needed infrastructure and that providers don't need to be licensed
- ▶ Promote access by those in end-of-life care
- ▶ Generally duplicate, but improve, Oregon's program
- ▶ Specially licensed centers to start
- ▶ What Oregon did was pass Measure 110 at the same time it passed 109
 - ▶ Unauthorized possession of fewer than 12 grams: penalty reduced from a Class A misdemeanor to a Class E violation
 - ▶ Possession of 12 or more grams: penalty reduced from a Class B felony to a Class A misdemeanor

From what you currently know about Oregon's psilocybin program, what elements should Washington **look to duplicate?** (cont.)

- ▶ Educate the people about the safety and efficacy of psilocybin in treating mental health conditions
- ▶ Continue the robust training and practitioner programs that OR has suggested, while also allowing those with only a high-school diploma to take classes and training to ensure accessibility to all demographics, generally duplicate, but improve, Oregon's program
- ▶ Limiting psilocybin mushroom cultivation to *P. cubensis*
- ▶ Specially licensed centers to start
- ▶ Facilitator training to be universal

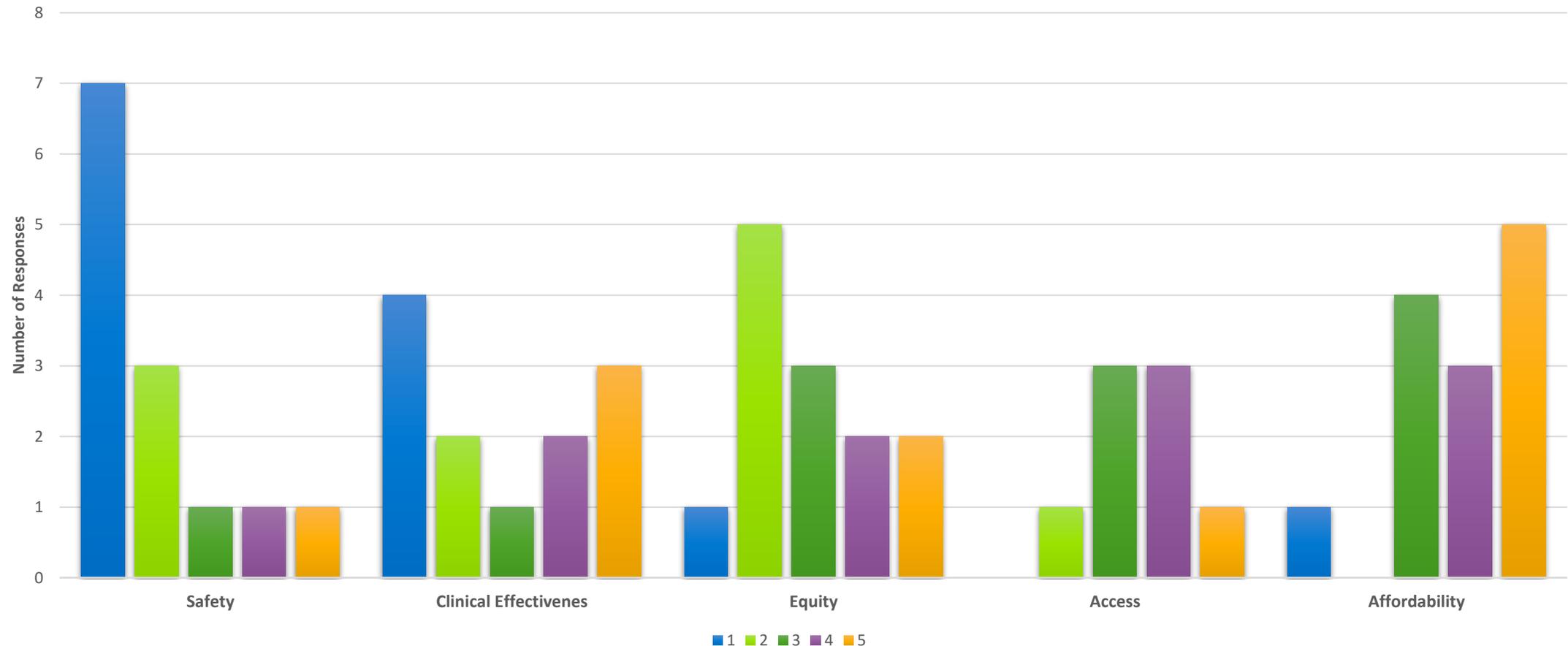
From what you currently know about Oregon's psilocybin program, what elements should Washington **look to avoid or modify?**

- ▶ Enable micro dosing outside of service centers / permit online sessions
- ▶ Standardized method of tracking outcomes, similar to a REMS program - or a Risk Evaluation and Mitigation Strategy so we had some centralized way to track outcomes
- ▶ Allow for at-home administration for people with mobility access issues
- ▶ Give much more protections for equitable accessibility
- ▶ Incorporate cost-analysis to ensure that psilocybin sessions remain affordable for the average consumer

From what you currently know about Oregon's psilocybin program, what elements should Washington **look to avoid or modify?** (cont.)

- ▶ Do not see the need to have a distributor in between the grower and end-user although extra tax revenue could be generated but this creates a 3-tiered system and seems unduly complicated
- ▶ No provisions for exemptions for personal, religious or indigenous uses
- ▶ Targeted populations including those in end of life, addiction, treatment of PTSD - all types of course, but emphasis on veteran and dual spouse care
- ▶ Avoid: Oregon specifically prohibited interstate transport, I recommend to reconsider interstate transport of psilocybin between Oregon and Washington

Please prioritize the categories below based on their level of importance in shaping a future psilocybin program in Washington. (1 = most important, 5 = least important)



Are there any other categories you would like to see prioritized? Please describe

- ▶ Advancing research - there are many gaps in the research literature that need to be addressed; e.g., differences between natural and synthetic psilocybin. Currently the research environment is very difficult
- ▶ Not interfering with pre-existing indigenous practices
- ▶ Equity, Access and Affordability should probably either be the same category, or there should be a way to ensure that those three categories have shared priorities because they are all so closely related. Same with Safety and Clinical Effectiveness
- ▶ Laws need to be flexible enough to allow for new innovations in the field

What do you see as the **biggest opportunities** to Washington developing the regulatory framework and administrative capacity to legally administer psilocybin services?

- ▶ Huge unmet need of psychiatric conditions
- ▶ Potential to drastically improve the mental health and well-being of thousands of Washington resident
- ▶ Reduction of crime, prevention of mental illness
- ▶ Serving as a thought leader for other states by improving Oregon's template
- ▶ Simplifying and clarifying the regulatory pipeline to pursue research and other activities under this framework

What do you see as the **biggest challenges and concerns** to Washington developing the regulatory framework and administrative capacity to legally administer psilocybin services?

- ▶ Department of Health doesn't have a framework to approve controlled substance registration applications for psychedelics
- ▶ Intersection with behavioral health license boards, accessibility due to cost, diversity of practitioners to meet population needs
- ▶ Standing up a regulatory framework for growth/manufacturing, safety assurance, and administration of schedule 1 substances
- ▶ Important not to underestimate the complexities of developing a regulatory framework for this industry
- ▶ Simplifying and clarifying the regulatory pipeline to pursue research and other activities under this framework

What do you see as the **biggest challenges and concerns** to Washington developing the regulatory framework and administrative capacity to legally administer psilocybin services?

- ▶ Monopolization, corporatization, loss of sacred, loss of traditional medicine and practice
- ▶ Promoting access by, and investments in, the industry by historically disadvantaged communities / ensuring the industry doesn't become dominated by non-local investors
- ▶ Ensuring the safety of the individual and community
- ▶ Obtaining DEA/FDA legal permissions for continued research for ways psilocybin can be investigated for use

Next Steps



Questions?

More information:
<https://www.hca.wa.gov/about-hca/programs-and-initiatives/psilocybin-work-group>

PsilocybinWG@hca.wa.gov